PUSSISSION 1-09
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REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS

To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Application Number 10/003,947 Filing Date 10/30/2001 First Named Inventor LIN LI Art Unit 2814 Examiner Name VICTOR R. KOSTAK Attomey Docket Number 3371-337

Please withdraw me as attorney or agent for the above identified patent application, and							
all the attorneys/agents of record.							
the attorneys/agents (with registration numbers) listed on the attached paper(s), or							
the attorneys/agents associated with Customer Number 73496							
NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.							
The reasons for this request are:							
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Name	Graciela G. Cov	vger			Registration No. 42,444		
Date May 9, 2008				Tele	Telephone No. (503) 224-2170		
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time ceriod for response or cossible extension period, the request to withdraw is normally disapproved.							
Till all and the second							

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to fit (and by the USFD) to process) an application. Confidentiality is governed by \$8 U.S. 0.2 and \$7.5 CFR 1.11 and 1.14. This collection is estimated to table 12 centimeted to complete, including gathering, proporting, and submitting the completed application form to the USFD. Time will very depending upon the individual case. Any comment on the amount of time you require to complete this form and/or suggestions for reducing this burder, should be sent to the Chief Information (V. J. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1459, Alexandria, V.A. 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionor for Patients, P.O., Box 1459, Alexandria, V.A. 22313-1450.